PTO/SB/81 (04-05)

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POWER OF ATTORNEY	Application Number		10/524,300	
	Filing Date		08/06/03	
and	First Named Inventor Title Art Unit		Zingwu Zhang	
CORRESPONDENCE ADDRESS			Isolation and Identification of T Cells	
INDICATION FORM			1644	
INDICATION FORW	Examiner Name		050989.0201.PCUS00	
	Attorney Docket Number		080989.0201.PC0800	
I hereby revoke all previous powers	s of attorn	ey given in the	bove-identified app	lication.
I hereby appoint: ☑ Practitioners associated with the Customer to OR ☐ Practitioner(s) named below:	Number:	27148		
Name	Regist		ation Number	
		 		
as my/our attorney(s) or agent(s) to prosecute the	e application	identified above, and	to transact all business in	the United States
Please recognize or change the correspondent		the above-identified	application to:	
The address associated with the above-me	ntioned Custo	mer Number		
OR				
The address associated with Customer Nu	ımber:			
OR				
☐ Firm or Individual Name				
Address		-		
City	- 1	State	ZIP	
Country				
Telephone		Email		

I am the:

☐ Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/98)

SIGNATURE of Applicant or Assignee of Record

07/25/06 Signature Date Jir Williams Name Telephone

Title and Company Chief Operating Officer

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

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